

HIV | SURVEILLANCE REPORT

SUPPLEMENTAL REPORT



HIV and AIDS Data through
December 2019
Provided for the Ryan White
HIV/AIDS Program, for
Fiscal Year 2021



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Acknowledgments

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The Ryan White HIV/AIDS Program (RWHAP) is administered by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB). The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act was passed by Congress in 1990 to address the crisis of the HIV epidemic in the United States. This legislation has been amended and reauthorized 4 times: in 1996, 2000, 2006, and most recently in 2009 as the Ryan White HIV/AIDS Treatment Extension Act of 2009. More information about the legislation and its history is available from HRSA HAB at <https://hab.hrsa.gov/about-ryan-white-hivaids-program/>.

For the implementation of the RWHAP Metropolitan (Part A) and State (Part B) programs, HRSA HAB and the Centers for Disease Control and Prevention (CDC) collaborate to ensure the appropriate HIV and AIDS surveillance data are used in determining eligibility and funding allocation amounts. In FY 2021, CDC provided HRSA with data files containing this information through calendar year 2019 for all jurisdictions. The number of persons living with diagnosed HIV infection non-AIDS and the number of persons living with infection ever classified as AIDS were added together to arrive at the total number of persons living with diagnosed HIV infection non-AIDS and infection ever classified as AIDS for each eligible area: eligible metropolitan area (EMA), transitional grant area (TGA), emerging community (EC), state, and territory. These totals were used in the RWHAP Parts A and B funding formula calculations.

RWHAP PART A FUNDING

For the RWHAP Part A funding formula, HRSA continues to use cumulative cases of AIDS reported to and confirmed by the Director of CDC for the most recent 5 calendar years for which such data are available to determine eligibility, as instructed by the RWHAP statute. RWHAP Part A has 2 categories of grant recipients for areas that have a minimum population of 50,000 persons: EMAs and TGAs. EMAs are defined as areas that have a cumulative total of more than 2,000 AIDS cases reported to and confirmed by the

Director of CDC during the most recent 5 calendar years for which such data are available. An area will continue to be an EMA unless it fails to meet both of the following requirements for 3 consecutive fiscal years: (a) a cumulative total of more than 2,000 AIDS cases reported to and confirmed by the Director of CDC during the most recent period of 5 calendar years for which such data are available, and (b) a cumulative total of 3,000 or more persons living with HIV infection ever classified as AIDS reported to and confirmed by the Director of CDC as of December 31 of the most recent calendar year for which such data are available. In FY 2021, there were 24 EMAs.

TGAs, the other category of Part A recipients, are defined as areas that have a cumulative total of at least 1,000 but fewer than 2,000 AIDS cases reported to and confirmed by the Director of CDC during the most recent 5 calendar years for which such data are available. An area will remain a TGA unless it fails to meet both of the following requirements for 3 consecutive fiscal years: (a) a cumulative total of at least 1,000 but fewer than 2,000 cases of AIDS reported to and confirmed by the Director of CDC during the most recent period of 5 calendar years for which such data are available, and (b) a cumulative total of 1,500 or more persons living with HIV infection ever classified as AIDS reported to and confirmed by the Director of CDC as of December 31 of the most recent calendar year for which such data are available. Provisions in the RWHAP statute provided for a modification beginning in FY 2009: in the case where a metropolitan area has a cumulative total of at least 1,400 but fewer than 1,500 persons living with HIV infection ever classified as AIDS as of December 31 of the most recent calendar year for which such data are available, such area shall be treated as having met criterion (b) as long as the area did not have more than 5% unobligated balance as of the most recent fiscal year for which such data are available. Areas that have fallen below either or both of the required TGA thresholds, but that continue to be eligible per the RWHAP statute because they must fail both criteria for three consecutive years, remain designated as TGAs and are presented in the TGA tables. For FY 2021, there were 28 TGAs.

The geographic boundaries for all jurisdictions that received Part A funding in FY 2021—both EMAs and TGAs—are those metropolitan statistical area (MSA) boundaries determined by the Office of Management and Budget (OMB) for use in federal statistical activities that were in effect when they were initially funded under Part A [1–3]. For all newly eligible areas, of which there were none in FY 2021, the boundaries are based on current MSA boundary definitions determined by OMB [1–3].

Minority AIDS Initiative (MAI) formula funds for Part A are awarded based on the number of minority persons living with diagnosed HIV infection non-AIDS and infection ever classified as AIDS reported through the end of the most recent calendar year as confirmed by the Director of CDC. Data for MAI formula funds are not included in this report.

RWHAP PART B FUNDING

RWHAP Part B and AIDS Drug Assistance Program (ADAP) funds are awarded via 3 separate grant award processes: the RWHAP Part B HIV Care Program award, the RWHAP Part B Supplemental Grant Program award, and the RWHAP Part B ADAP Emergency Relief Fund (ERF) award. The RWHAP Part B HIV Care Program award has a 5-year project period and is determined by a legislatively mandated funding formula process. The award includes the following 5 components: Part B Base award, ADAP Base award, ADAP Supplemental award (for eligible states that choose to apply), Emerging Communities award (for eligible states), and MAI award (for eligible states that do not decline funding). The RWHAP Part B Supplemental grant is a one-year competitive award for states that demonstrate the need for additional RWHAP Part B funds. The ADAP ERF grant is also a one-year competitive award. These funds are used to help states prevent, reduce, or eliminate ADAP waiting lists and/or to implement ADAP-related cost-containment measures.

RWHAP Part B HIV Care Program Grant

For the RWHAP Part B Base, ADAP Base, ADAP Supplemental, Emerging Communities, and MAI funding formulas, HRSA continues to use cumulative cases of persons living with diagnosed HIV infection non-AIDS and infection ever classified as AIDS in the state or territory through the end of the most recent calendar year as confirmed by the Director of CDC, as instructed by the RWHAP statute. The

RWHAP Part B Base formula is a weighted relative distribution that also takes into account RWHAP Part A funding. Similarly, for recipients applying for MAI formula funds, awards are based on the reported number of racial/ethnic minorities living with diagnosed HIV infection non-AIDS and infection ever classified as AIDS reported through the end of the most recent calendar year as confirmed by the Director of CDC. Data for MAI formula funds are not included in this report. ADAP Supplemental grants are awarded by the same formula as ADAP Base to states that meet any of the criteria listed in that section of the Notice of Funding Opportunity for the purpose of providing medications or insurance assistance for persons living with HIV infection.

RWHAP Part B Emerging Communities eligibility is determined based on the number of persons living with HIV infection ever classified as AIDS in that jurisdiction. Emerging communities are defined as metropolitan areas for which there have been at least 500 but fewer than 1,000 AIDS cases reported to and confirmed by the Director of CDC during the most recent 5 calendar years for which such data are available. An area will remain an EC unless it fails to meet both of the following requirements for 3 consecutive fiscal years: (a) a cumulative total of at least 500 but fewer than 1,000 cases of AIDS reported to and confirmed by the Director of CDC during the most recent period of 5 calendar years for which such data are available, and (b) a cumulative total of 750 or more persons living with HIV infection ever classified as AIDS reported to and confirmed by the Director of CDC as of December 31 of the most recent year for which such data are available. As with EMAs and TGAs, the geographic boundaries for ECs are those that were determined by OMB and that were in effect when initially funded.

RWHAP Part B Supplemental and ADAP ERF Grants

RWHAP Part B Supplemental and ADAP ERF grants are awarded to states demonstrating the severity of the burden of HIV infection and the need for additional federal assistance. The funds are intended to supplement the services otherwise provided by the state. All submitted applications for RWHAP Part B Supplemental and ADAP ERF competitive grants are reviewed and ranked by an external objective review committee. States and territories applying for RWHAP

Part B Supplemental funds must demonstrate that supplemental funding is necessary to provide comprehensive HIV care and treatment services for persons living with HIV in the state or territory, and provide quantifiable data on HIV epidemiology, comorbidities, cost of care, the service needs of emerging populations, unmet need for core medical services, and unique service delivery challenges. States and territories applying for RWHAP ADAP ERF funds must demonstrate the need for funding to prevent, reduce, or eliminate a waiting list, including through “cost-cutting” and/or “cost-saving” measures, or that need additional funding for a current or projected increase in treatment needs aligned with ending the HIV epidemic or other unanticipated increases in the number of clients in the program who have newly diagnosed HIV infection or have reengaged in care.

Technical Notes

In October 2009, Congress enacted amendments to the Ryan White HIV/AIDS Program (RWHAP) legislation. The RWHAP legislation specifies the use of surveillance data on persons living with diagnosed HIV infection non-AIDS and infection ever classified as AIDS to determine formula funding for RWHAP Parts A and B HIV care and services programs. RWHAP authorizes the Centers for Disease Control and Prevention (CDC) to provide HIV infection non-AIDS and AIDS case surveillance data to the Health Resources and Services Administration (HRSA) for use in their funding formula for all jurisdictions.

As of December 2019, CDC was not accepting HIV case data from the Marshall Islands and the Federated States of Micronesia, as their surveillance systems had not yet been certified. However, in the event that another jurisdiction reported cases that were diagnosed in either the Marshall Islands or the Federated States of Micronesia, the cases would be reflected in the data that CDC sends annually to HRSA. These data limitations do not impact the HRSA funding formula for these two jurisdictions due to the HRSA minimum allotment funding standards.

Data re-release agreements between CDC and state/local HIV surveillance programs require certain levels of cell suppression at the state and county level in order to ensure confidentiality of personally identifiable information.

DATA REQUIREMENTS AND DEFINITIONS

Case counts in all tables are presented by residence at earliest HIV diagnosis for persons with diagnosed HIV infection non-AIDS and residence at earliest AIDS diagnosis for persons with infection ever classified as AIDS. Data are presented by date of report rather than date of diagnosis (e.g., reported AIDS cases in the last 5 years). Boundaries for eligible metropolitan areas (EMAs) and transitional grant areas (TGAs) that became eligible prior to FY 2007 are based on the Office of Management and Budget (OMB) metropolitan statistical area (MSA) delineations that were in effect for such areas for FY 1994 (additional information on historical delineations is available at <http://www.census.gov/geographies/reference-files/>

[time-series/demo/metro-micro/historical-delineation-files.html](http://www.census.gov/geographies/reference-files/)). Boundaries for EMAs, TGAs, and emerging communities (ECs) that became eligible after 2006 are determined by using applicable OMB definitions based on the year of first eligibility.

Reported persons living with diagnosed HIV infection non-AIDS or infection ever classified as AIDS are defined as persons reported as “alive” at last update.

HIV infection non-AIDS cases and AIDS case data reported from CDC met the CDC surveillance case definitions published in the 2008 and 2014 revised surveillance case definitions for HIV infection among adults, adolescents, and children aged <18 months and for HIV infection and AIDS among children aged 18 months to <13 years [4, 5].

References

1. Office of Management and Budget. Standards for defining metropolitan and micropolitan statistical areas. *Federal Register* 2000;65(249):82228–82238. <http://www.gpo.gov/fdsys/pkg/FR-2000-12-27/pdf/00-32997.pdf>. Published December 27, 2000. Accessed December 8, 2021.
2. Office of Management and Budget. Revised definitions of metropolitan statistical areas, new definitions of micropolitan statistical areas and combined statistical areas, and guidance on uses of the statistical definitions of these areas. OMB Bulletin 03-04. http://www.whitehouse.gov/wp-content/uploads/2017/11/bulletins_b03-04.pdf. Published June 6, 2003. Accessed December 8, 2021.
3. Office of Management and Budget. Update of statistical area definitions and guidance on their uses. OMB Bulletin 10-02. <http://www.whitehouse.gov/sites/whitehouse.gov/files/omb/bulletins/2010/b10-02.pdf>. Published December 1, 2009. Accessed December 8, 2021.
4. CDC [Schneider E, Whitmore S, Glynn MK, Dominguez K, Mitsch A, McKenna MT]. Revised surveillance case definitions for HIV infection among adults, adolescents, and children aged <18 months and for HIV infection and AIDS among children aged 18 months to <13 years—United States, 2008. *MMWR* 2008;57(RR-10):1–12.
5. CDC [Selik RM, Mokotoff ED, Branson B, Owen SM, Whitmore S, Hall HI]. Revised surveillance case definition for HIV infection—United States, 2014. *MMWR* 2014;63(RR-03):1–10.

Table 1. Reported AIDS cases and persons reported living with diagnosed HIV infection ever classified as AIDS, by area of residence, 2015–2019, and as of December 2019—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program

Area of residence	Reported AIDS cases 2015–2019 No.	Persons reported living with diagnosed HIV infection ever classified as AIDS (as of December 2019) No.
Eligible metropolitan areas (EMAs)		
Atlanta–Sandy Springs–Marietta, Georgia	4,527	17,414
Baltimore, Maryland	1,637	9,811
Boston–Brockton–Nashua, Massachusetts–New Hampshire	1,518	10,117
Chicago, Illinois	2,899	16,124
Dallas, Texas	2,415	11,403
Detroit, Michigan	1,201	5,729
Fort Lauderdale, Florida	1,526	9,442
Houston, Texas	2,993	15,193
Los Angeles–Long Beach, California	3,887	27,913
Miami, Florida	2,336	14,632
Nassau–Suffolk, New York	656	3,570
New Haven–Bridgeport–Danbury–Waterbury, Connecticut	381	3,880
New Orleans, Louisiana	824	4,608
New York, New York	6,313	60,789
Newark, New Jersey	1,032	7,000
Orlando, Florida	1,410	6,224
Philadelphia, Pennsylvania–New Jersey	1,770	13,809
Phoenix–Mesa, Arizona	1,104	5,288
San Diego, California	884	7,324
San Francisco, California	769	10,467
San Juan–Bayamon, Puerto Rico	888	6,202
Tampa–St. Petersburg–Clearwater, Florida	1,417	6,594
Washington, DC–Maryland–Virginia–West Virginia	2,825	19,266
West Palm Beach–Boca Raton, Florida	744	4,931
Transitional grant areas (TGAs)		
Austin–San Marcos, Texas	514	3,249
Baton Rouge, Louisiana	581	2,724
Bergen–Passaic, New Jersey	337	2,420
Charlotte–Gastonia–Concord, North Carolina–South Carolina	688	3,042
Cleveland–Lorain–Elyria, Ohio	574	2,678
Columbus, Ohio	577	2,509
Denver, Colorado	670	4,040
Fort Worth–Arlington, Texas	676	2,904
Hartford, Connecticut	238	2,214
Indianapolis, Indiana	538	2,696
Jacksonville, Florida	840	3,881
Jersey City, New Jersey	387	2,877

Table 1. Reported AIDS cases and persons reported living with diagnosed HIV infection ever classified as AIDS, by area of residence, 2015–2019, and as of December 2019—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program (cont)

Area of residence	Reported AIDS cases 2015–2019	Persons reported living with diagnosed HIV infection ever classified as AIDS (as of December 2019)
	No.	No.
Kansas City, Missouri–Kansas	426	2,853
Las Vegas, Nevada–Arizona	983	3,750
Memphis, Tennessee–Mississippi–Arkansas	817	3,745
Middlesex–Somerset–Hunterdon, New Jersey	280	1,669
Minneapolis–St. Paul, Minnesota–Wisconsin	611	3,271
Nashville–Davidson–Murfreesboro, Tennessee	423	2,581
Norfolk–Virginia Beach–Newport News, Virginia	744	2,859
Oakland, California	583	5,058
Orange County, California	592	4,047
Portland–Vancouver, Oregon–Washington	395	2,795
Riverside–San Bernardino, California	1,109	5,367
Sacramento, California	433	2,120
St. Louis, Missouri–Illinois	662	3,702
San Antonio, Texas	749	3,443
San Jose, California	289	2,340
Seattle–Bellevue–Everett, Washington	600	4,580

Note. See Commentary for definition of eligible metropolitan areas (EMAs) and transitional grant areas (TGAs).

Table 2. Reported AIDS cases and persons reported living with diagnosed HIV infection ever classified as AIDS, by area of residence, 2015–2019, and as of December 2019—emerging communities for the Ryan White HIV/AIDS Program

Emerging communities (ECs)	Reported AIDS cases 2015–2019 No.	Persons reported living with diagnosed HIV infection ever classified as AIDS (as of December 2019) No.
Albany–Schenectady–Troy, New York	165	1,121
Augusta–Richmond County, Georgia–South Carolina	361	1,232
Bakersfield, California	222	1,197
Birmingham–Hoover, Alabama	447	1,691
Buffalo–Niagara Falls, New York	239	1,211
Charleston–North Charleston, South Carolina	283	1,385
Cincinnati–Middletown, Ohio–Kentucky–Indiana	555	2,166
Columbia, South Carolina	457	2,486
Jackson, Mississippi	409	1,712
Lakeland, Florida	283	1,207
Louisville, Kentucky–Indiana	384	1,723
Milwaukee–Waukesha–West Allis, Wisconsin	266	1,592
North Port–Bradenton–Sarasota, Florida*	190	1,047
Oklahoma City, Oklahoma	345	1,455
Philadelphia, Pennsylvania–New Jersey–Delaware–Maryland— Wilmington Division	215	1,436
Pittsburgh, Pennsylvania	333	1,881
Port St. Lucie–Fort Pierce, Florida	155	1,392
Providence–New Bedford–Fall River, Rhode Island–Massachusetts	189	1,400
Raleigh–Cary, North Carolina	351	1,827
Richmond, Virginia	465	2,158
Rochester, New York	220	1,555

Note. See Commentary for definition of emerging communities (ECs).

* This MSA was formerly named Bradenton–Sarasota–Venice, Florida, but the counties delineating the metropolitan statistical area have not changed.

Table 3. Reported number of persons living with diagnosed HIV infection non-AIDS, infection ever classified as AIDS, and total, by area of residence, as of December 2019—United States and dependent areas for the Ryan White HIV/AIDS Program

Area of residence	HIV infection non-AIDS	HIV infection ever classified as AIDS	Total
	No.	No.	No.
Alabama	8,202	5,837	14,039
Alaska	347	400	747
Arizona	8,840	7,098	15,938
Arkansas	3,274	2,666	5,940
California	62,806	73,488	136,294
Colorado	7,140	5,389	12,529
Connecticut	4,034	6,668	10,702
Delaware	1,324	1,954	3,278
District of Columbia	6,808	8,405	15,213
Florida	55,259	59,278	114,537
Georgia	25,644	25,874	51,518
Hawaii	1,167	1,405	2,572
Idaho	494	475	969
Illinois	19,252	18,997	38,249
Indiana	5,934	5,546	11,480
Iowa	1,199	1,323	2,522
Kansas	1,658	1,706	3,364
Kentucky	3,803	3,481	7,284
Louisiana	11,282	11,151	22,433
Maine	637	674	1,311
Maryland	15,403	17,389	32,792
Massachusetts	9,306	11,298	20,604
Michigan	8,902	8,600	17,502
Minnesota	4,680	3,783	8,463
Mississippi	5,324	4,856	10,180
Missouri	6,669	6,624	13,293
Montana	241	251	492
Nebraska	1,069	1,079	2,148
Nevada	5,044	4,222	9,266
New Hampshire	618	612	1,230
New Jersey	18,411	19,109	37,520
New Mexico	1,561	1,692	3,253
New York	53,259	73,698	126,957
North Carolina	18,058	12,780	30,838
North Dakota	236	168	404
Ohio	12,198	10,429	22,627
Oklahoma	3,411	2,948	6,359
Oregon	2,805	3,566	6,371
Pennsylvania	16,269	19,335	35,604
Rhode Island	1,095	1,424	2,519

Table 3. Reported number of persons living with diagnosed HIV infection non-AIDS, infection ever classified as AIDS, and total, by area of residence, as of December 2019—United States and dependent areas for the Ryan White HIV/AIDS Program (cont)

Area of residence	HIV infection non-AIDS No.	HIV infection ever classified as AIDS No.	Total No.
South Carolina	8,457	9,299	17,756
South Dakota	333	272	605
Tennessee	9,827	8,675	18,502
Texas	46,602	46,685	93,287
Utah	1,552	1,523	3,075
Vermont	227	278	505
Virginia	13,030	11,085	24,115
Washington	6,339	6,852	13,191
West Virginia	927	942	1,869
Wisconsin	3,239	2,880	6,119
Wyoming	164	163	327
American Samoa	0	1	1
Federated States of Micronesia*	0	0	0
Guam	69	44	113
Marshall Islands*	0	1	1
Northern Mariana Islands	5	10	15
Palau	5	4	9
Puerto Rico	8,463	9,952	18,415
U.S. Virgin Islands	268	344	612

Note. The number of cases shown in the Total column was used by the Health Resources and Services Administration in FY 2021 funding calculations.

* See Technical Notes regarding data reported for these jurisdictions.

Table 4. Reported number of persons living with diagnosed HIV infection non-AIDS, infection ever classified as AIDS, and total, by area of residence, as of December 2019—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program

Area of residence	HIV infection non-AIDS No.	HIV infection ever classified as AIDS No.	Total No.
Eligible metropolitan areas (EMAs)			
Atlanta–Sandy Springs–Marietta, Georgia	16,810	17,414	34,224
Baltimore, Maryland	8,381	9,811	18,192
Boston–Brockton–Nashua, Massachusetts–New Hampshire	8,314	10,117	18,431
Chicago, Illinois	16,467	16,124	32,591
Dallas, Texas	11,493	11,403	22,896
Detroit, Michigan	5,756	5,729	11,485
Fort Lauderdale, Florida	9,313	9,442	18,755
Houston, Texas	14,428	15,193	29,621
Los Angeles–Long Beach, California	25,386	27,913	53,299
Miami, Florida	16,144	14,632	30,776
Nassau–Suffolk, New York	2,734	3,570	6,304
New Haven–Bridgeport–Danbury–Waterbury, Connecticut	2,287	3,880	6,167
New Orleans, Louisiana	4,429	4,608	9,037
New York, New York	43,035	60,789	103,824
Newark, New Jersey	6,894	7,000	13,894
Orlando, Florida	6,530	6,224	12,754
Philadelphia, Pennsylvania–New Jersey	12,015	13,809	25,824
Phoenix–Mesa, Arizona	6,871	5,288	12,159
San Diego, California	6,650	7,324	13,974
San Francisco, California	7,267	10,467	17,734
San Juan–Bayamon, Puerto Rico	5,644	6,202	11,846
Tampa–St. Petersburg–Clearwater, Florida	5,849	6,594	12,443
Washington, DC–Maryland–Virginia–West Virginia	17,197	19,266	36,463
West Palm Beach–Boca Raton, Florida	3,494	4,931	8,425
Transitional grant areas (TGAs)			
Austin–San Marcos, Texas	3,169	3,249	6,418
Baton Rouge, Louisiana	2,699	2,724	5,423
Bergen–Passaic, New Jersey	2,195	2,420	4,615
Charlotte–Gastonia–Concord, North Carolina–South Carolina	4,722	3,042	7,764
Cleveland–Lorain–Elyria, Ohio	3,035	2,678	5,713
Columbus, Ohio	3,320	2,509	5,829
Denver, Colorado	5,479	4,040	9,519
Fort Worth–Arlington, Texas	3,105	2,904	6,009
Hartford, Connecticut	1,363	2,214	3,577
Indianapolis, Indiana	2,935	2,696	5,631
Jacksonville, Florida	3,359	3,881	7,240
Jersey City, New Jersey	2,744	2,877	5,621
Kansas City, Missouri–Kansas	2,505	2,853	5,358

Table 4. Reported number of persons living with diagnosed HIV infection non-AIDS, infection ever classified as AIDS, and total, by area of residence, as of December 2019—eligible metropolitan areas and transitional grant areas for the Ryan White HIV/AIDS Program (cont)

Area of residence	HIV infection non-AIDS	HIV infection ever classified as AIDS	Total
	No.	No.	No.
Las Vegas, Nevada–Arizona	4,505	3,750	8,255
Memphis, Tennessee–Mississippi–Arkansas	4,445	3,745	8,190
Middlesex–Somerset–Hunterdon, New Jersey	1,601	1,669	3,270
Minneapolis–St. Paul, Minnesota–Wisconsin	4,117	3,271	7,388
Nashville–Davidson–Murfreesboro, Tennessee	2,990	2,581	5,571
Norfolk–Virginia Beach–Newport News, Virginia	4,222	2,859	7,081
Oakland, California	3,650	5,058	8,708
Orange County, California	3,835	4,047	7,882
Portland–Vancouver, Oregon–Washington	2,368	2,795	5,163
Riverside–San Bernardino, California	4,852	5,367	10,219
Sacramento, California	2,168	2,120	4,288
St. Louis, Missouri–Illinois	4,023	3,702	7,725
San Antonio, Texas	3,597	3,443	7,040
San Jose, California	1,630	2,340	3,970
Seattle–Bellevue–Everett, Washington	4,345	4,580	8,925

Note. See Commentary for definition of eligible metropolitan areas (EMAs) and transitional grant areas (TGAs).

The number of cases shown in the Total column was used by the Health Resources and Services Administration in FY 2021 funding calculations.

Table 5. Reported number of persons living with diagnosed HIV infection non-AIDS, infection ever classified as AIDS, and total, by area of residence, as of December 2019—emerging communities for the Ryan White HIV/AIDS Program

	HIV infection non-AIDS	HIV infection ever classified as AIDS	Total
Emerging communities (ECs)	No.	No.	No.
Albany–Schenectady–Troy, New York	912	1,121	2,033
Augusta–Richmond County, Georgia–South Carolina	1,148	1,232	2,380
Bakersfield, California	1,110	1,197	2,307
Birmingham–Hoover, Alabama	2,571	1,691	4,262
Buffalo–Niagara Falls, New York	1,244	1,211	2,455
Charleston–North Charleston, South Carolina	1,379	1,385	2,764
Cincinnati–Middletown, Ohio–Kentucky–Indiana	2,427	2,166	4,593
Columbia, South Carolina	2,120	2,486	4,606
Jackson, Mississippi	1,862	1,712	3,574
Lakeland, Florida	959	1,207	2,166
Louisville, Kentucky–Indiana	2,029	1,723	3,752
Milwaukee–Waukesha–West Allis, Wisconsin	1,815	1,592	3,407
North Port–Bradenton–Sarasota, Florida*	840	1,047	1,887
Oklahoma City, Oklahoma	1,696	1,455	3,151
Philadelphia, Pennsylvania–New Jersey–Delaware–Maryland— Wilmington Division	971	1,436	2,407
Pittsburgh, Pennsylvania	1,720	1,881	3,601
Port St. Lucie–Fort Pierce, Florida	692	1,392	2,084
Providence–New Bedford–Fall River, Rhode Island– Massachusetts	1,051	1,400	2,451
Raleigh–Cary, North Carolina	2,153	1,827	3,980
Richmond, Virginia	2,672	2,158	4,830
Rochester, New York	1,276	1,555	2,831

Note. See Commentary for definition of emerging communities (ECs).

The number of cases shown in the Total column was used by the Health Resources and Services Administration in FY 2021 funding calculations.

* This MSA was formerly named Bradenton–Sarasota–Venice, Florida, but the counties delineating the metropolitan statistical area have not changed.